

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>H.A.L.E.</i>	<i>11</i>	<i>08-03-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>mc</i>	<i>100</i>	<i>09/25/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

. . . . . Rejected                      N . . . . . Non-elected  
 = . . . . . Allowed                      I . . . . . Interference  
 - (Through numeral) . . . . . Canceled                      A . . . . . Appeal  
 + . . . . . Restricted                      O . . . . . Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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**BEST AVAILABLE COPY**